



Adult Co-Ed Soccer League

- *Two Leagues: OVER 30 A* (more fast-paced, competitive) and *OVER 30 B* (Coed, fun but good soccer). Contingent upon team registrations, the leagues might combine for regular season play and separate for end of season tournaments.
- *AGE REQUIREMENTS:* Male players must be 30 years old or older. Female players must be 25 years old or older. Cutoff date: players must be the required age by final season game date.
- *WHERE:* All season games will take place at the Northwest/Irmo YMCA soccer fields.
- *WHEN:* Saturday afternoons- times, TBA.
- *SEASON SCHEDULE:* Six regular season games and two tournament games. Skip Easter weekend.

March 6	April 10
March 13	April 17
March 20	April 24
March 27	May 1
- *REGISTRATION:* Feb 1- 20 to reserve your spot. Forms also accepted at first game but no guarantee of space if not reserved with a captain. **Cost is \$35/player (payment is due with application).** Individuals can register and be placed on a team. Captains who sign up entire team must submit individual applications and total fees to **SOAR.**
Players must be registered/team rosters finalized by March 13 to be eligible for tournament play. Player cards will be issued the following week.
- Games are 8 v 8. Each team must have a minimum of 10 players, maximum of 13.
SUBMITTING A TEAM? SAVE YOUR SPOT NOW!
- Shin guards are required to play.

SOAR Adult Co-Ed Soccer League

PLEASE bring / mail application with payment to:

SOAR (ATT: SARAH THAMES)
CORNERSTONE CHURCH
5637 Bush River Rd
Columbia, SC 29212

Participants Name: _____ M / F Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Team or Captains Name: _____

This application is made with the expressed understanding that SOAR is not responsible for any sickness or injury that the applicant may receive while in attendance of this program; during transport to and from program and SOAR reserves the right to reject any and all applications. Applicant agrees to hold SOAR, its employees and sponsors harmless against any and all damages due to sickness or injury occurring while in attendance at this program, or during transport to / from said program. I give my permission for photographs to be taken of the participant, during normal program activities to be used in SOAR promotional materials without thought of remuneration. I further understand that all fees must accompany the application, no medical insurance is provided by SOAR, proof of birth date may be required.

Signature of participant _____ Date: _____